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Number of pages including cover letter: **19**  
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<b>ART UNIT 2685</b> Examiner: Duc M. NGUYEN	United States Patent Office – Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/865,466  
Inventor(s): David Bongfeldt  
Title: INTELLIGENT GAIN CONTROL IN AN  
ON-FREQUENCY REPEATER

Response to Final Office Action of July 9, 2004 attached.

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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/865,466	
	Filing Date	05/29/2001	
	First Named Inventor	David BONGFELDT	
	Art Unit	2685	
	Examiner Name	Duc M. NGUYEN	
Total Number of Pages in This Submission	18	Attorney Docket Number	9-15000-7US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kent Daniels Reg. No. 44, 206	
Signature	<i>K. Daniels</i>	
Date	September 8, 2004	

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Signature	<i>K. Daniels</i>	Date	September 8, 2004

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